

EXHIBIT 2

Return to: ECFMG
3624 Market Street **ECFMG**
Philadelphia PA 19104-2685
USA

Re: 0-553-258-5
DR John Nosa Akoda

I hereby certify that the attached diploma or other credential for the individual noted above is authentic and correct and that I am authorized to certify this on behalf of this institution.


Signature

21st MAY 1996

Date

PROFESSOR L.I. OJGWU, FRCP.

Name (Printed or Typed)

DEAN FACULTY OF MEDICINE

Title

UNIVERSITY OF BENIN, BENIN CITY, NIGERIA

Name of Medical School



I cannot certify that the diploma or other credential for the individual noted above is authentic and correct because:

Signature

Date

Name (Printed or Typed)

Title

Seal

Name of Medical School

MEDICAL AND DENTAL COUNCIL OF NIGERIA

25, Ahmed Onibudo Street, Victoria Island, Lagos.

Certificate of Full Registration as a Medical Practitioner

Certificate No. F 15575

NIGERIA.

3rd January, 1989.

Name	Address	Date of Registration	Qualifications
AKODA, Johnbill Enosakhare	1, Akoda Street, Oselu Quarters, Benin-City.	19 89. January 3rd	M.B., B.S. 1987, U. Benin.

I HEREBY CERTIFY THAT this is a true Copy of the entry of the above specified Name in the Medical & Dental Council of Nigeria Register, and that the prescribed fee of Sixty Naira has been duly received for such Registration.


Registrar

RECEIVED

JAN 3 1996

ECFMG

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UNIVERSITY OF BENIN



BENIN CITY, NIGERIA

Johnbull Enosakhare Akoda

having satisfied all the requirements of the University
and passed the prescribed examinations held in

October 1987

has been admitted to the degree

of

Bachelor of Medicine: Bachelor of Surgery

Given at Benin City this 6th day of February 1988

M
My
REGISTRAR

Grace Dule Williams
VICE-CHANCELLOR

RECEIVED

JAN 3 1996

U.S. POSTAL SERVICE

553-258